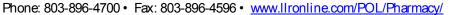


South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Pharmacy

P.O. Box 11927 • Columbia, SC 29211-1927





NON-RESIDENT MEDICAL GASES/LEGEND DEVICES PERMIT APPLICATION

FOR BOARD USE ONLY	
Permit #	
Date paid	
Amount paid	
Check #	

This permit authorizes a facility to dispense to a patient or patient's agent, medical gases and legend devices on the order of a licensed practitioner. Your completed application along with the non-refundable \$300 permit fee must be received in the Board office at least forty-five (45) days before the required permit is needed. Application fees are non-refundable and non-transferable. Any misrepresentation in the answers to any questions on this application is grounds for refusal or denial of this application and cause for subsequent revocation of the license and is a violation of the laws of the state of South Carolina.

 New Facility Change to Existing Permit (Permit #) Change of Ownership Change of Name Change of Location (From one city to another. 					
Facility Name:	FEIN #:	<u>:</u>			
Trade Name of Facility (d/b/a) to License:					
Name of Contact Person at This Site:					
Address:					
City:	State:	Zip Code:			
Telephone:	Fax:				
Mailing Address (if different from above):					
City:	State:	Zip Code:			
Telephone:	Fax:				
Check all categories which apply (do not leave blank):	medical gases respiratory equipment	☐ medical equipment ☐ Other			
Are you currently shipping/providing product to patients in South Carolina? [] YES [] NO					
Are you DMEPOS accredited? [] YES If YES, attach a copy of DMEPOS certificate.	[] NO				
Provide explanation of how legend device prescriptions a	re tracked:				

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Th	is appli	cant is (c	check one): 🔲 Corp	ooration 🗌 P	artnership	☐ Sole Proprietor	LLC	
		-	IST CORPORATE NAME CESSARY). PLEASE			MES AND TITLES OF OF	FICERS (ATTACH AN	
Ov	vners/O	fficers Na	ame and Title	Mailing Add	Mailing Address			
			state in which the a evices. (Attach addi			eld a license to dispe	nse Medical	
	Stat	te	Permit Number	Date Issued		Status	Expiration Date	
CH	HARGE	S, CON	VICTIONS, DISCIPLI	NARY ACTIONS	, and STATUS	S		
<u>To</u>	the bes	st of your	knowledge, has the a	pplicant(s) ever:				
 Had a permit disciplined, denied, refused, or revoked for violations of any pharmacy laws, drug laws in South Carolina or any other state? 				☐ YES ☐ NO				
	a. Is there any pending disciplinary action?			☐ YES ☐ NO				
2.	Been charged, convicted, fined, or entered in a plea of guilty or nolo contendere in any criminal prosecution, felony or misdemeanor, in South Carolina or any other state, or in a United States court?				☐ YES ☐ NO			
	a.		any offense relating to drugs, narcotics, controlled substances, or alcohol, whether not a sentence was imposed?				☐ YES ☐ NO	
	b. For any offense involved the practice of pharmacy, or relating to acts committed within a pharmacy or drug distributor setting or incident to pharmacy practice, whether or not a sentence was imposed?				☐ YES ☐ NO			
	c.		offense involving fraud, money or drugs, or robb				☐ YES ☐ NO	

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d.	For any offense involving moral turpitude (if you are unsure, check "yes")?	e whether or not a	a sentence was imposed	∐ YES ∐ NO
	rou ever: Had an application for a drug distributor por certificate or a technician license or re Carolina or any other state or country?			☐ YES ☐ NO
b.	Had disciplinary action taken against you owned, or a pharmacy or drug distributor of Pharmacy (or its equivalent) in South (r facility where yo	u were employed, by the Board	☐ YES ☐ NO
	d the drug laws, rules, statutes and/or reg or the United States?	ulations of South	Carolina, or any other state or	☐ YES ☐ NO
-	wered "yes" on <u>any</u> part of the above so a copies of applicable court documenta	-		=
	License Verification Affidavit mu in which t	ust be complete he license/perm		d
contained i my tenure.	and belief; that I will comply with the requining the South Carolina Pharmacy Practice And the South Pharmacy Practice And the South Pharmacy Practice Person Acting as Permit Head Practice Person Acting as Permit Head Practice Person Acting as Permit Head Practice Person Practice Person Practice Person Practice Person Practice Person Practice Person Practice Pract	Act; and that I und		violations during
Print Name	e of Responsible Person/Permit Holder	Name of (Contact Person P	hone#
	ess of Permit Holder:			
Subscribed	d and sworn before me thisday	of	·	
Notary Pub	olic		My commission expir	res
Applicatio	n checklist:\$300 feelicense	verification _	DMEPOS certificate	
Mailing Ad	dress:	Overnight/Ph	nysical Address:	
P.O. Box 1	lina Board of Pharmacy South Carolina Board of Pharmacy 1927 110 Centerview Drive, Suite 201			
Columbia,	South Carolina 29211-1927	Columbia, S	outh Carolina 29210	

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South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Pharmacy

P.O. Box 11927 • Columbia, SC 29211-1927
Phone: 803-896-4700 • Fax: 803-896-4596 • www.llronline.com/POL/Pharmacy/



(Seal)

LICENSE VERIFICATION

This affidavit must be completed by the state licensing board in which the license/permit is held and returned to the applicant to submit to the South Carolina Board of Pharmacy.

This is to verify th	at		
Was issued licens	se/permit number	on	
To operate as a		DME ProviderMedical Gas Distributor	
In the state of			
	verify that the above-named lice en any sanctions imposed aga	ense/permit is current and in good stand inst the license/permit.	ing and that
This	day of		
Signature			
Complete Name of Line			
Complete Name of Lice	nsing Agency		

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